

Evaluation of Patient's Prescription Drugs

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When you take your patient's medical history, it is not uncommon to learn that your patient is taking ten or more prescription drugs. Often the patient does not even know the names of all the drugs they are taking, so you ask them to bring them in. When they do, they come in carrying a shopping bag full of drugs.

Let's use a case published in the New England Journal of Medicine (V 346, No 6, Feb 7, 2002 p. 438-442 <http://content.nejm.org/cgi/content/full/346/6/438>) to illustrate. The patient in this case, "More Than Your Average Wheeze", suffers from an atypical form of asthma. His symptoms, persistent dyspnea and chronic sinusitis could have presented to any chiropractor's office. As you read the article, you will discover he has Churg-Strauss syndrome, characterized by the triad of asthma, sinusitis, and marked eosinophilia. While the condition is rare and not usually life threatening, the article concludes,

"Because a delay in the diagnosis and treatment of the syndrome increases the risk of death from vasculitic complications involving the heart, gastrointestinal tract, or other organs, physicians should consider this diagnosis when a patient's symptoms and signs are atypical of asthma alone."

However, there is more to be learned from this article than the diagnostic prowess of the physicians treating this patient. Look at the drugs he is taking:

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| Salmeterol | Omeprazole |
| Futicasone | Glyburide |
| Theophylline | Rosiglitazone |
| Fexofenadine | Atenolol |
| Furosemide | Gemfibrozil |

While this may seem like a large number of drugs and it is, every chiropractor has had a new patient present with this many drugs, and more. You should install a computer program on the PC in your consultation room to help you track the drugs your patient is taking. Several software programs are available:

Medical Drug Reference, by Parson's Technology
Drug Master Plus, by Mosby
Epocrates (Free PDA download at www.epocrates.com)

Then as the patient lists the drugs they are taking, enter them into the program to learn the side effects and drug interactions they might be experiencing from the drugs they are taking.

A good resource when discussing medications with your patient is, Natural Alternatives to Over-the-Counter and Prescription Drugs, by Michael Murray, ND. The chapters are arranged in categories, such as Cholesterol Lowering Medications, Diabetes Medications, etc. Each chapter gives a brief overview of the physiology of the condition being treated. It then lists the commonly prescribed medications, their mechanism of action, and side effects. Dr. Murray also presents the vitamin, mineral, herbal, dietary and lifestyle changes which will substitute for the drugs. In many cases the alternatives are not just as effective, they are **more** effective than the drugs.

It is entirely possible that once you transition your patient to more natural alternatives, they may begin to experience toxic side effects from too much drug on board. At first, a patient, or their

doctor, may attribute these side effects to the nutritional remedies they are taking. However, this is not usually the case. The side effects from nutritional remedies are uncommon and usually mild.

You must be careful and tactful when addressing this area. Prescribing drugs is the practice of medicine. By extension, telling a patient to stop taking a drug is also the practice of medicine, which can create legal problems for you. However, no law bars you from educating your patient about the side effects of the drugs they are taking. For your protection, that education should occur primarily, if not entirely, by providing published information to the patient from the Physician's Desk Reference (PDR), or the software programs mentioned above.

As you start your patient on more natural alternatives to their drugs, they may be able to decrease or eliminate some of the drugs they are taking. However, this must be under the supervision of the prescribing physician. When your natural alternatives eliminate the **need** for the drug, the MD should be willing to adjust the patient's drug schedule. Contact your patient's medical physician, to bring them up to date on the clinical improvement your patient has experienced with their nutritional and chiropractic program. Hopefully the physician will be open minded and cooperative. A lot depends upon the attitude you bring to this discussion.

You and the medical physician share a common goal: Doing what is best for the patient. Medical physicians are acutely aware of and must deal with drug side effects every day. If you approach the MD with a spirit of cooperation to do what is best for the patient, you may find them receptive to modifying the patient's drug regimen. However, if the physician is uncooperative, your patient may seek advice from another physician, or your patient may choose to exercise their free will to ignore the physician's advice. But you must always remember, even though the patient can do what they think is best for their health after considering all the information available to them, you cannot advise the patient to stop taking their drugs or reduce their dosage.

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